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## **Family Life Stories Workbook : Adverse Childhood Experiences (NI) Initiative**

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South Eastern Health  
and Social Care Trust



# FAMILY LIFE STORIES WORKBOOK



**QUEEN'S  
UNIVERSITY  
BELFAST**

Dr. Suzanne Mooney & Dr. Lisa Bunting, Social Work, Queen's University Belfast  
Correspondence to [s.mooney@qub.ac.uk](mailto:s.mooney@qub.ac.uk)

This workbook was developed as part of the N. Ireland Adverse Childhood Experiences Initiative.

It is designed to be used flexibly and in conjunction with the Family Life Stories Workbook Practitioner Guidance (Mooney & Coulter, 2019).

You can use the workbook as a whole or as separate activities (relationships map, life map, preferred futures, feedback) as deemed appropriate. Activity sheets can be printed one page at a time on A3 or A4 – or simply use ordinary pen and paper or flipchart and markers.

**Correspondence to:**

Suzanne Mooney

[s.mooney@qub.ac.uk](mailto:s.mooney@qub.ac.uk)

School of Social Sciences, Education and Social Work

Queen's University Belfast

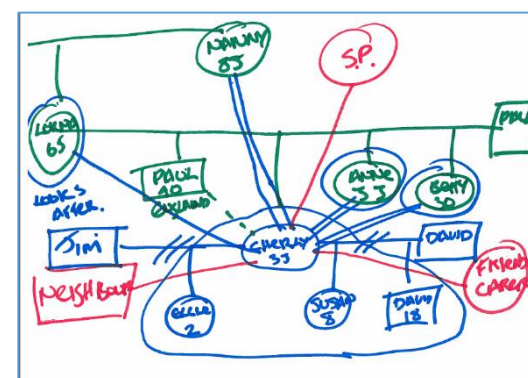
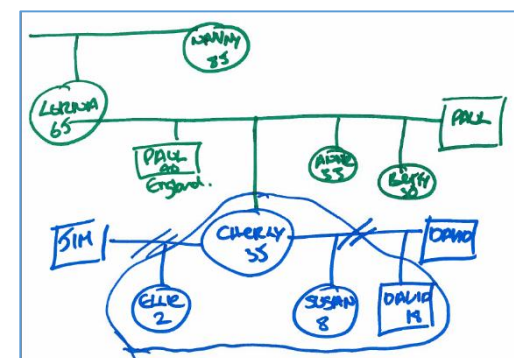
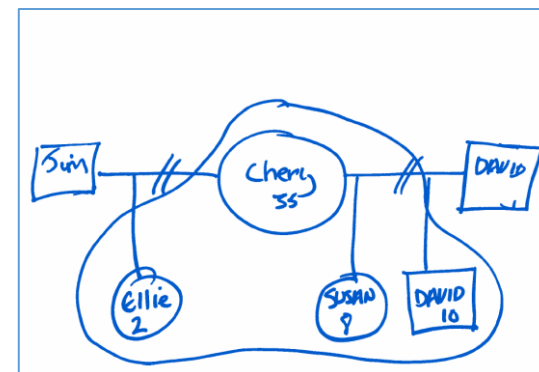
6 College Park,

Belfast BT7 1LP

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## Relationships Map – Important people and experiences

- My family now → my family growing up
- Immediate family & extended family → friends & other significant people
- Who are you close to, who is important in your life → Who were you close to, who was important in your life?
- *What was it like growing up in your house?*



My Life Map: Good times, Hard times



Places I lived  
/went to school

Family life &  
relationships

Key memories?  
Turning points?

Health and  
emotional  
wellbeing?

Education /  
Work?

Involvement with  
agencies/services?

Major Events in My Life - Time Line

0 1 year 2 years 3 years 4 years 5 years 6 years 7 years 8 years 9 years

Click and drag the box handles to move. Click and drag the arrow to move.

## MAPPING THE FUTURE – WHERE DO YOU WANT TO BE IN 5 YEARS TIME?

If we were to future-gaze to 5 years time, and I were to meet you and *things were going really well...* what would life look like...?

(Name of each person and family as a whole)

- What might help you get there?
- What might get in the way?
- What needs to happen next?



## **FAMILY LIFE STORIES SESSION FEEDBACK**

**1] Did you get to talk about the things you wanted to?**

.....

1	2	3	4	5
Strongly	Agree	Sometimes	Disagree	Strongly
Disagree				Agree

**2] Did you feel listened to and understood?**

.....

1	2	3	4	5
Never	Occasionally	Sometimes	Almost	Always
			Always	

**3] What was the most useful aspect of undertaking the Family Life Stories work for you?**

**4] Was there anything that we missed that you would have liked to talk about?**

**5] Any other feedback for your Social Worker or the Life Stories team?**

**Thank you very much for taking the time to complete this form!**

Signed:

Dated: